

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042303

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1714

1. **FILED NOV 27 1962**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Greene</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>	c. CITY OR TOWN <u>Springfield</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>315 S. Dollison</u>	d. STREET ADDRESS (If outside, give location) <u>315 S. Dollison</u>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <u>Felix</u> Middle <u>J.</u> Last <u>Rohr</u>	Month <u>November</u> Day <u>17</u> Year <u>1962</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-26-1902</u>	9. AGE (last birthday) <u>60</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cannister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Marys County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Lewis Rohr</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Madison</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	17. INFORMANT <u>Birl Rohr, Springfield, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Pneumonia</u>		<u>4 days</u>
DUE TO (b) <u>Metastases</u>		<u>Months</u>
DUE TO (c) <u>Carcinoma of Esophagus</u>		<u>4 Months</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>-----</u> a.m. <u>-----</u> p.m. <u>-----</u>	Month, Day, Year <u>-----</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY <u>-----</u> STATE <u>-----</u>
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21. I attended the deceased from <u>September 1962</u> to <u>Nov. 17, 1962</u> and last saw him alive on <u>Nov. 16, 1962</u> Death occurred at <u>2:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Rene E. Joul</u>	(Degree or title)	22b. ADDRESS <u>1500 E. Sunshine, Springfield</u>	22c. DATE SIGNED <u>11-26-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-19-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>
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24. FUNERAL DIRECTOR <u>Rainey's Chapel, Springfield, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-26-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>
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USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

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NOV 30 1962

Permit

11-19-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nonavon P. Lohi

Licensed Embalmer No. 5159

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.